

**Quality Assurance and Improvement Outcomes and Indicators
Personal Assistance Services
Individual Review**

Please note that all items in this checklist apply only at times that staff are on duty in the service recipient's private home.

Domain 2. Individual Planning and Implementation

Outcome 2A. The person's plan reflects his or her unique needs, expressed preferences and decisions.			
Indicators	Results	Guidance	Comments
2.A.1. The person and family members report they are active participants in developing the plan to the extent they desire.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and /or other review activities as needed to determine if the provider supports the person's and/or family's involvement</u> Provider Manual Reference: 2.5.c.; 3.12.d.	
2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan. Note: Issues related to the Risk Issues Identification Tool are addressed at Outcome 2.C..	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	The entity that writes an ISP has ultimate responsibilities in this area. The provider actively participates in the information gathering process. Provider Manual Reference: 3.4.; 3.5.; 3.6.b.; 3.6.c.; 3.7.b.; 3.11.d.; 3.12.d.; 3.15.; 3.19.; 10.3.a.	

Personal Assistance Individual Review Checklist

Outcome 2B. Services and supports are provided according to the person's plan.

Indicators	Results	Guidance	Comments
*2.B.2. The person's plan is implemented in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as needed</u> Services, plans and programs are developed and implemented according to time frames identified in the person's ISP (or there is documentation to support the extension of a timeframe and the need to update this in the ISP). Provider Manual Reference: 3.10.e.; 3.17.	.
*2.B.3. The person receives services and supports as specified in the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Services are consistently provided in a timely fashion, and in the approved amount, frequency, intensity and duration identified in the person's Individual Support Plan. Discrepancies in approved hours versus delivered hours are identified and explained. Recommendations are made as needed to reduce discrepancies. Provider Manual Reference: 3.17.; 3.17.a.; 6.11.; 9.8.; 9.8.b.; 10.4.; 10.4.d.; 11.2.c. 7)	
*2.B.4. Provider staff are knowledgeable about the person's plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	The provider ensures that there is a copy of the current ISP located in the personal assistance record and staff have access. Provider staff have received training specific to the person's individual needs, interventions and programs and are knowledgeable about any responsibilities	

Personal Assistance Individual Review Checklist

		<p>they have to carry out related to activities identified in the plan.</p> <p>If the person is receiving services from the school system, staff should be knowledgeable about his or her school services.</p> <p><u>Staff Interview and/or other review activities as needed.</u></p> <p>Provider Manual Reference: 3.17.; 6.11.; 7.2.b</p>	
*2.B.5. Provider documents provision of services and supports in accordance with the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Ongoing documentation shows the provider's efforts to implement services and supports in accordance with the person's plan. Documentation is completed and maintained per DMRS provider manual.</p> <p>Provider Manual Reference: 3.17.; 3.17.a.; 6.11.; 8.7.a. 1-7); 9.14.; 10.6.; 12.3.e. 3) – 4) & 6)</p>	

Outcome 2C. Individual risk is assessed and adequate, timely intervention is provided.

Indicators	Results	Guidance	Comments
*2.C.1. Individual risk (e.g., physical, behavioral) is assessed.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider completes the Risk Issues Identification Tool prior to completion of the annual ISP or whenever needed to address emerging needs or amend current support and interventions.</p> <p>Provider Manual Reference: 3.9.; 3.12.b.</p>	
*2.C.2. Supports and interventions address individual risk issues.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Supports and interventions relating to risks are carried out.</p> <p>Provider Manual Reference: 3.9.; 3.9.a.-d.</p>	
*2.C.4. Provider staff report an understanding of and can accurately	Y <input type="checkbox"/> N <input type="checkbox"/>	<p><u>Staff Interview and/or other review activities as needed</u></p>	

Personal Assistance Individual Review Checklist

describe the assessed risk and the supports and interventions to be implemented.	NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Staff assist with the identification of areas of risk related to the people with whom they work and take action to communicate those risks.</p> <p>Staff understand the risk identification process and their responsibilities and have an understanding of potential risk factors and their implications.</p> <p>Staff are familiar with the specific supports and interventions to be implemented for the person served.</p> <p>Provider Manual Reference: 3.9.; 6.11.; 7.2.b.</p>	
--	--	---	--

Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.

Indicators	Results	Guidance	Comments
2.D.1. The person and family members report they are active participants in revising the plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed</u></p> <p>When applicable, assistance is provided to the individual or family to revise the plan.</p> <p>Provider Manual Reference: <u>2.5.c.; 3.12.d.</u></p>	
*2.D.6. Provider documentation indicates appropriate monitoring of the plan's implementation.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The monthly review includes:</p> <ol style="list-style-type: none"> 1. The name of the service recipient; 2. The dates of services provided; 3. The service recipient's response to the service; 4. A description of any staff training or changes in written staff instructions intended to alter the provision of direct support services since the previous month including the reasons such alterations were made; 5. Any recommendations for changes to the ISP; 	

Personal Assistance Individual Review Checklist

		<p>6. Any significant health-related or medical events occurring since the last review; and</p> <p>7. The signature and title of the person completing the monthly review, with the date the monthly review was completed.</p> <p>Provider Manual Reference: 3.18.; 3.18.a. 1-7); 10.6.c.</p>	
<p>2.D.7. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.</p>	<p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p> <p>IJ <input type="checkbox"/></p>	<p>Documentation reflects when there are issues that may impact the continued implementation or appropriateness of an ISP or specific outcome, or when there is a need for a periodic review of the ISP, provider staff notify the appropriate persons and provide all needed information and follow the issue to resolution.</p> <p>The service provider ensures that a copy of its agency's monthly review is distributed to the ISC by the 20th calendar day following the month for which the review was completed.</p> <p>Provider Manual Reference: 3.6.b.; 3.8.; 3.9.c.; 3.18.; 3.18.a.; 10.6.c. ; 11.2.d. 17)</p>	

Domain 3. Safety and Security

Outcome 3A: Where the person lives and works is safe.			
Indicators	Results	Guidance	Comments
*3.A.3. Provider responds to emergencies in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>When PA staff is on duty, provider documentation indicates appropriate action is taken in a timely manner when emergencies occur.</p> <p>Provider Manual Reference: 7.1.</p>	
3.A.4. Provider staff report that the system for obtaining back-up or emergency staff is working.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Staff Interview</u></p> <p>Staff demonstrate that emergency procedures and phone numbers are readily available.</p> <p>Provider Manual Reference: 6.8.</p>	
*3.A.5. Providers assess and reassess the home and work environment regarding personal safety and environmental safety issues.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>There are no serious safety issues noted in the environment in which the personal assistance services are provided.</u></p> <p>Provider Manual Reference: 16.3.d.</p>	
*3.A.6. Providers resolve safety issues in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Actions are taken to communicate and rectify any individual safety issues or problems identified.</p> <p>Provider documentation indicates actions are taken and resolution occurs in a timely manner when safety issues are identified.</p> <p>Provider Manual Reference: 19.11.a. 1)</p>	

Personal Assistance Individual Review Checklist

*3.A.7. Providers use a system of inspection and maintenance of vehicles used for transport.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>If provider staff are responsible for transportation, vehicles used for the person's transportation are well maintained and safe in accordance with the agency's system of inspection and maintenance.</p> <p>First-aid kits are available in all vehicles.</p> <p><u>Provider Manual Reference:</u> 11.10.a.; 16.5.b.</p>	
--	--	---	--

Outcome 3C. Safeguards are in place to protect the person from harm.

Indicators	Results	Guidance	Comments
3.C.1. The person and family members report they understand the reporting system for reportable incidents and know what to expect when a report has been made.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed</u></p> <p>The person knows what to do if someone mistreats him/her or fails to provide needed assistance to him/her (or is supported as needed to respond to these issues).</p>	
3.C.2. The person and family members report they feel that they can report incidents without fear of retaliation.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed</u></p>	

Personal Assistance Individual Review Checklist

*3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Interview</p> <p>For all settings in which they work, staff are able to locate available incident reporting documents and are knowledgeable about incident management policies and procedures.</p> <p>Staff know how to access the State Investigator contact number; and, are knowledgeable about how to identify and report instances of suspected abuse, neglect or exploitation.</p> <p><u>Provider Manual Reference:</u> 18.4.a.</p>	
3.C.7. Provider staff report feeling safe to report incidents without fear of retaliation.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual (Staff) Interview</u></p>	
3. C.10. The provider reports incidents as required by DMRS, including following timeframes and directing the report to the appropriate party.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Individual documentation and interview(s) indicate timely and appropriate reporting.</p> <p>Provider Manual Reference: Table 18.4.; 18.4.</p>	
*3.C.13. Medication variances are reported and addressed in a timely manner.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Medication variances are effectively detected, responded to, and reported per agency and DMRS policy and procedures.</p> <p>Provider Manual Reference: 11.8.; 18.4.b. 4); DMRS Medication Training. 139-140</p>	

Domain 4. Rights, Respect and Dignity

Outcome 4A. The person is valued, respected and treated with dignity.			
Indicators	Results	Guidance	Comments
4.A.1. The person and family members report that the person is valued, respected, and treated with dignity.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> <u>Direct Observation</u> Provider Manual Reference: 2.4.a. 1)	
4.A.2. The person experiences positive interactions with others.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> <u>Direct Observation</u>	
*4.A.5. Providers demonstrate and provide supports that promote value, respect and fair treatment for persons they serve.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Direct Observation (may include review of documentation)</u> The person is referred to by name. The person is referred to appropriately (i.e., slang terms or disability labels are not used to refer to the person). Staff interacts with the person in a manner of mutual respect and cooperation. The person is treated with dignity, respect and fairness; is listened to, responded to and treated as an adult (if an adult). Appointments made with the person by provider staff are kept and on time, as arranged. Services and supports are consistently	

Personal Assistance Individual Review Checklist

		<p>implemented in accordance with the person's current preferred lifestyle and related needs, and in a manner to increase personal independence, productivity, integration and inclusion.</p> <p>Personal information is maintained in a confidential manner.</p> <p>Provider Manual Reference: 2.4.a. 6); 2.5.a. 3); 2.6.; 2.7.a.; 2.9. 6.5. 1), 2); 6.8.</p>	
--	--	--	--

Outcome 4B. The person has a positive image in the community.

Indicators	Results	Guidance	Comments
4.B.1. The person has a positive image (e.g., does age appropriate activities, appearance, works and lives in typical settings) in the community.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>Provider Manual Reference: 2.4.a. 6)</p>	
4.B.3. Provider staff support people to have a positive image within the community.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>The person is supported to engage in life activities that are typical of people without disabilities.</p> <p>Provider Manual Reference: 2.2.a. 5); 2.4.a 6)</p>	

Personal Assistance Individual Review Checklist

Outcome 4C. The person exercises his or her rights.

Indicators	Results	Guidance	Comments
4.C.1. The person and family members report they understand their rights.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> The person and/or legal representative report he or she has been provided with understandable information regarding his/her rights as a citizen, grievance and appeal rights, rights to confidentiality, to access records, and to decide with whom to share information. Provider Manual Reference: 2.1.; 2.2.; 2.3.; 2.4.a. 2) – 21); 2.4.c.; 2.6.	
*4.C.2. The person has time, space and opportunity for privacy.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> Direct Observation The person has time, space and opportunities for privacy, including closed doors, no one entering personal space without seeking permission, access to a private telephone, visiting and grooming/dressing space, private mail. <u>Record Review</u> Review of provider documentation (including daily notes, monthly reviews, etc.) indicates no problems with privacy. Provider Manual Reference: 2.4.a. 13) – 16); 2.6.c.	

Personal Assistance Individual Review Checklist

<p>*4.C.7. The person exercises his or her rights without inappropriate restriction.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>The person is appropriately supported to have basic rights and to have as much control over his/her life as possible.</p> <p>Information is not released without current consent signed by the person and/or his or her legal representative.</p> <p>Provider Manual Reference: 2.22.r., s. Licensure: 0940-5-6.07</p>	
<p>4.C.8. The person and family members report they know whom to contact regarding problems and concerns.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>The person and legal representative have been provided individually appropriate information regarding how to access complaint resolution processes if complaints arise concerning his/her services, including such processes both for his/her service provider and for the Regional Office.</p> <p>Provider Manual Reference: 2.10.; 2.11.; 2.22.s.; 6.4.</p>	
<p>4.C.9. The person and family members indicate that reported problems and concerns are resolved in a timely and courteous manner.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p><u>Individual Interview and/or other review activities as indicated</u></p> <p><u>Direct Observation</u></p> <p>Provider Manual Reference: 2.10.; 2.11.; 6.4.</p>	

Personal Assistance Individual Review Checklist

Outcome 4D. Restricted interventions are imposed only with due process.

Indicators	Results	Guidance	Comments
4.D.2. The person and family members report that they knowingly and voluntarily gave consent to restricted interventions and have the opportunity to refuse, withdraw, or modify approval.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> If there is any restricted intervention or psychotropic medication being used by the person, the person and his/her family and/or legal representative have received information about risks, benefits, side effects and alternatives, and have given voluntary, informed, documented consent for the use of the intervention or medication. Consents are renewed according to the DMRS provider manual. Provider Manual Reference: 2.22.	
*4.D.3. Restricted interventions are reviewed and/or approved by the Behavior Supports and Human Rights Committees.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Providers take collaborative and coordinated action to: <ul style="list-style-type: none"> ▪ Obtain Human Rights Committee review of the use of psychotropic medication(s); ▪ Obtain Human Rights Committee review prior to the programmatic use of restricted interventions; ▪ Review the use of psychotropic medication in accordance with the DMRS Provider manual; Ensure Behavior Support Committee and Human Rights Committee review is conducted prior to implementation of behavior support plans containing restricted measures. Provider Manual Reference: 2.22.	
*4.D.4. The provider imposes restricted interventions in accordance with the person's behavior support plan.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Restricted interventions are utilized only in compliance with DMRS Policy and when addressed in an approved Behavior Support Plan. Provider Manual Reference: 2.22.	

Domain 5. Health

Outcome 5A. The person has the best possible health.			
Indicators	Results	Guidance	Comments
*5.A.5. Needed health care services and supports are provided.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	If implementation of health care services and/or physician orders is required of the Personal Assistant service, those supports are delivered and documented per the agency's Healthcare Management and Oversight Policy.	
*5.A.7. The provider staff are knowledgeable about the person's health care needs and are able to identify common health care problems.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Provider staff have received training specific to the person's health care issues, needs, interventions and programs and are knowledgeable about any responsibilities they have to carry out related activities. Provider Manual Reference: 11.2.d.; 11.9.	
*5.A.8. Provider staff take actions to address the person's emerging health problems or issues.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	Upon discovery of any emerging health problems, additional information or changes in health care concern(s): <ul style="list-style-type: none"> • Provider staff obtain the necessary intervention from the applicable health care provider, and • The provider notifies the person's Independent Support Coordinator. Provider Manual Reference: 11.2.a.; 11.2.e. 1)	

Personal Assistance Individual Review Checklist

Outcome 5B. The person takes medications as prescribed.			
Indicators	Results	Guidance	Comments
5.B.1. The person's record adequately reflects all the medications taken by the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	If the PA staff is responsible for administering medications, the person's record contains current physician's orders for each medication (includes prescribed and over the counter).	
*5.B.2. Needed medications are provided and administered in accordance with physician's orders.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>If the PA staff is responsible for administering medications, the provider ensures that prescription medications are taken in accordance with the directions of a physician.</p> <p>Ongoing medication refusals are reported to the prescribing practitioner.</p> <p>Medication variances are addressed as required.</p> <p>For persons who self-administer medications, the provider follows the DMRS Provider manual in establishing and monitoring the person's self-administration plan.</p> <p>Provider Manual Reference: 11.2.c. 5); 11.2.d. 18); 11.6.b.; 11.6.d.; 11.8.; 18.4.b. 4)</p>	

Personal Assistance Individual Review Checklist

<p>*5.B.3. Only appropriately trained staff administer medications.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>All unlicensed direct support staff who administer medications have successfully completed the Medication Administration by Unlicensed Personnel course, as per DMRS medication administration guidelines, and continue to maintain their approval, per DMRS provider manual.</p> <p>Only a registered nurse may delegate activities related to medication administration. Any medications requiring administration by a nurse are administered only by a nurse.</p> <p>Provider Manual Reference: 11.2.b.; 11.6.; 11.6.d.</p>	
<p>*5.B.4. Medication administration records are appropriately maintained.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>For the times that PA staff are responsible for the administering medications, medication administration records are well documented, legible, and accurately reflects DMRS requirements.</p> <p>Information related to side effects, such as medication profile sheets, are maintained in the person's record in a place readily accessible to the person administering the medications.</p> <p>Information listed on the MAR matches the prescription label and physician's orders.</p> <p>Provider Manual Reference: 11.6.c.</p>	
<p>5.B.5. Storage of medication ensures appropriate access, security, separation, and environmental conditions.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/></p>	<p>The personal assistant stores medications appropriately when they must be transported for administration during community outings.</p> <p>If the PA is administering medications, medications should be stored per the agency medication administration policy.</p> <p>Provider Manual Reference: 11.6.; 11.6.a.; 11.6.b.; 11.6.c.; 11.6.d.</p>	

Personal Assistance Individual Review Checklist

Outcome 5C. The person's dietary and nutritional needs are adequately met.

Indicators	Results	Guidance	Comments
*5.C.1. The person is educated about and supported to have good nutrition.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>Provider staff are trained and knowledgeable regarding any special equipment and of dietary recommendations made by qualified professionals and actively support the person to have good nutrition.</p> <p>Provider Manual Reference: 11.2.e. 1); 11.13.b.</p>	

Domain 6. Choice and Decision Making

Outcome 6A. The person and family members are involved in decision-making at all levels of the system.

Indicators	Results	Guidance	Comments
6.A.3. The person and family members are given the opportunity to participate in the selection and evaluation of their direct support staff.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> Provider Manual Reference: 9.5.c.	
6.A.4. The person and family members report they feel free to express their concerns to providers and report that the provider acts upon their concerns.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> Provider Manual Reference: 2.14.	

Outcome 6B. The person and family members have information and support to make choices about their lives.

Indicators	Results	Guidance	Comments
6.B.1. The person is supported to communicate choices.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> <u>Direct Observation</u> Provider Manual Reference: 2.4.a. 12)	
6.B.2. The person makes choices about daily activities (e.g., choosing own videos or TV shows, selecting meals, deciding when to go to bed).	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> <u>Direct Observation</u> Provider Manual Reference: 2.4.a.	
6.B.4. The person makes choices regarding how to spend his or her own money.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Individual Interview and/or other review activities as indicated</u> Provider Manual Reference: 2.4.	

Domain 9. Provider Capabilities and Qualifications

Outcome 9A. The provider meets and maintains compliance with applicable licensure and Provider Agreement requirements.

Indicators	Results	Guidance	Comments
9.A.3. The provider maintains appropriate records relating to the person.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p>The provider complies with appropriate DMRS requirements related to service recipient records.</p> <p>Provider Manual Reference: Chapter 8.</p>	

Outcome 9B. Provider staff are trained and meet job specific qualifications.

Indicators	Results	Guidance	Comments
9.B.1. The person and family members report that provider staff competently provides quality services and supports.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<p><u>Individual Interview and/or other review activities as needed.</u></p>	

Outcome 9C. Provider staff are adequately supported.

9.C.1. Provider staff report that supervisory staff are responsive to their concerns and provide assistance and support when needed.		<p><u>Staff Interview and/or other review activities as needed.</u></p> <p>Provider Manual Reference: 6.6.f.</p>	
--	--	--	--

Domain 10. Administrative Authority and Financial Accountability

Outcome 10A. Providers are accountable for DMRS requirements related to the services and supports that they provide.

Indicators	Results	Guidance	Comments
10.A.1. The agency provides and bills for services in accordance with DMRS requirements.	Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> IJ <input type="checkbox"/>	<u>Review of documentation and billing</u> Provider Manual Reference: 20.6.b.	